practising Siddha, they are not able to set up a separate college because they are unable to have the minimum infrastructural facilities. They are very poor people living in the villages, pursuing their practices there. Therefore, I would request the hon. Minister to see that more funds are allocated to Siddha. Secondly, as far as the National Institute on Siddha at Tambaram is concerned, I hope he will see to it that it is set up soon. I am sure, under the aegis of Mr. Raja, it will definitely be set up. He will take care of it, not because he belongs to that State. He does not belong to that State alone, but to the whole of India. Therefore, I hope, he would see to it that this institute is set up soon.

With these words, I support the Bill.

SUPPLEMENTARY DEMANDS FOR GRANTS (GENERAL) 2002-2003

वित्त और कंपनी कार्य मंत्रालय में राज्य मंत्री (**श्री अनन्त गंगाराम गीते**) : उपसभाध्यक्ष महोदय, मैं अनुपूरक अनुदान मांगें (सामान्य) 2002-2003 के प्रथम बैंच को दर्शाने वाला एक विवरण (अंग्रेजी तथा हिन्दी में) सभा पटल पर रखता हूं ।

THE INDIAN MEDICINE CENTRAL COUNCIL (AMENDMENT) BILL, 2002 - *Contd.*

श्रीमती सरोज दुबे (बिहार) : उपसभाध्यक्ष महोदय, मैं भारतीय चिकित्सा केन्द्रिय परिषद (संशोधन) विधेयक , 2002 का समर्थन करने के लिए खड़ी हुई हूं । हालांकि यह छोटा सा संशोधन है , लेकिन बहुत ही सामयिक और महत्वपूर्ण है । महोदय, भारत की प्राचीनतम आयुर्वेदिक, यूनानी और सिद्धा चिकित्सा पद्धतियों ने न केवल भारत में वरन् पूरे विश्व में अपनी लोकप्रियता को शिखर पर पहुंचा दिया है और पश्चिमी देशों में आयुर्वेदिक दवाओं के इस्तेमाल की होड़ सी लग गयी है । महोदय, यू0एस0 मे महेश योगी ऑर्गनाइजेशन वैदिक मेडिसिंस पर काम कर रहा है और केरल के श्री गोपी बोरियर ने ब्रिटेन में प्रथम आयुर्वेदिक चैरिटेबल हॉस्पीटल सन 2000 में खोला था और अज उन की फेमिली केरल में भी इसी तरह का एक हॉस्पीटल चला रही है । स्विटजरलैंड में इस पद्धति के 40 सेंटर्स चल रहे हैं । इस तरह पूरे विश्व मे हमारे देश की प्राचीन चिकित्सा पद्धति लोकप्रिय होती जा रही है । इसका मुख्य कारण यह है कि वेस्टर्न सिस्टम में एलोपैथिक दवाओं के खतरनाक रिएक्शन और घातक प्रभाव से त्राण पाने केलिए आज इंसान आयुर्वेदिक दवाओं से अपने को सुरक्षित महसूस कर रहा है । दूसरी बात यह है कि एलोपैथिक दवाओं की आसमान छूती कीमतें गरीब आदमी की पहुंच से बाहर होती चली जा रही है और अब तो केमते इतनी बढ़ गई है कि वे मध्यम वर्ग के हाथों से भीए बाहर होती हो रही है औरबहुत सी बीमारियां जैसे एक्जिमा, आर्थ्राइटिस, अल्सर साइनोसाइसि, माइग्रेन जैसी बीमारियां आयुर्वेदिक इलाज से ही सही ढंग से जड़ से खत्म हो पाती है । महोदय, आयुर्वेदिक पद्धति के अंतर्गत केवल हर्बल या भेषज संपदा नहीं है , इस में स्टीम बाथ है , मसाज है और योग है । इन तमाम बातों को मिलाकर ही आयुर्वेदिक पद्धति सम्पूर्ण है । इस तरह यह बहुत लोगों के फायदे की चीज हैं ।

महोदय, यह एक खुशी की बात है कि भारत अंतर्राष्ट्रीय स्तर पर इस पद्धति को स्थापित करने के लिए स्वदेशी साइंस मूवमेंट छेड़ने वाला है और उसी संदर्भ में पहला वर्ल्ड आयुवेर्दिक कांग्रेस का एक सममेलन केरल के कोच्चि में होने वाला है। यह एक बहुत ही सराहनीय कदम होगा। महोदय, आजकल जिस ढंग से दवाएं महंगी हो रही हैं , उस में गरीब और मध्यम वर्ग के सामने एक ही रास्ता रह जाता है कि वह जड़ी बूटी पर आधारित दादी मां के नुस्खे अपना जिस में नीम, तुलसी, हल्दी, आंवला, शहद, मलैठी,गेंदा के पत्ते हैं जो कि छोटी-छोटी क्रानिक बीमारियों को ठीक कर देते हैं । इस के अलावा कहा जाता है किPrevention is better than cure. इस तरह हमारी आयुर्वेदिक चिकित्सा पद्धति में कई ऐसी चीजें हैं जिन के प्रयोग से बड़ी-बड़ी बीमारियों से बचा जा सकता है। इस लिहाज से भी आयुर्वेदिक सिस्टम बहुत महवपूर्ण है। हमारे यहां ऐसी भेषज संपदा भरी पड़ी है ओर उस के सही इस्तेमाल की आवश्यकता है । महोदय, गांव में रहने वाली एक गरीब, आदिवासी, अशिक्षित महिलाजानती है कि कौन से पत्ते लगाने से कान का दर्द ठीक हो जाता है और कौन सी जड़ी बूटी लगाने से सांप के काटे का जहर उतर जाता है। महोदय, आज के युग में, आज के परिवेश में जब आयुर्वेदिक पद्धति इतनी महत्वपूर्ण हो गयी है , ऐसे वक्त में मंत्री महोदय द्वारा लाया गया यह संशोधन बहुत ही महत्वपूर्ण हो जाता है आपने जो पहले भारतीय चिकिसा केन्द्रीय परिषद अधिनियम , 1970 के तहत केद्रीय चिकित्सा परिषद का गठन किया था वह अपने कर्त्तव्यों का निर्वहन नहीं कर पाई थी क्योंकि उसमें यह प्रावधान था कि आयुर्वेद, सिद्धा, यूनानी के लिए केन्द्रीय रजिस्टर रखा जाए ताकि शिक्षा व्यवसाय को विनियमित किया जा सके, लेकिन जैसा आप जानते हैं कि जब भी कभी कोई कानून लागू होता है तो उसमें जो खामियां होती हैं उनको लोग ढूंढते हैं और उसका फायदा उठाते हैं । इसी प्रकार तमाम लोगों ने उस अधिनियम में खामियों को ढूंढ कर प्राइवेट महाविद्यालय खोलने का काम किया और उससे अपनी तिजोरी भरने का काम किया। आपने इन महाविद्यालयों की संख्या बताई कि 196 आयुर्वेदिक ,35 यूनानी और 5 सिद्धा के हैं, लेकिन यह भी देश में समान रूप से सही नहीं है। महाराष्ट्र और कर्नाटक मे यह महाविद्यालय आधे से अधिक है। मैं मंत्री महोदय से यह कहना चाहूंगी कि आयुर्वेदिक पद्धति हमारे देश में अत्यंत महत्वपूर्ण है , इसलिए पूरे देश में समान रूप से महाविद्यालय खोलने का प्रयास होना चाहिए।

महोदय, इस बिल के माध्यम से कहा गया है कि केन्द्र सरकार की अनुज्ञा के द्विना कोई नया महाविद्यालय नहीं खुल सकता, जो एक बहुत अच्छा कदम हैं क्योंकि जैसा अभी हमारी वहन चन्द्रकला जी ने भी कहा कि ऐसे महाविद्यालय मशरूम की तरह खुलते चले जा रहें हैं। आज यूनानी दवा के लिए कोई डिग्री, डिप्लोमा नहीं देखता , एक एक दुकान लेकर बैठ जाते हैं, आयुर्वेद का एक झोला लेकर बैठ जाते हैं और आधे अधूरे ज्ञान से ऐसे लोग आम लोगों को नुकसान पहुंचाते हैं। मेरा आपसे अनुरोध होगा कि इसको बहुत ज्यादा रेगुलेट करने की जरूरत है ताकि हमारा यह सिस्टम जनता के लिए और मानवता के लिए लोकप्रिय हो सके।

महोदय , आज भी हमारे देश में चार लाख रजिस्टर्ड डाक्टर यूनानी और आयुर्वेदिक पद्धति के हैं , लेकिन उनको वह मान्यता प्राप्त नहीं है , जो एलोपैथी के डाक्टर को प्राप्त है , जबकि इन्होनें भी तीन साल पढ़ाई की होती है। इनका एज़ुकेशन स्तर बनाए रखना जरूरी है ताकि जो काले धंधे वाले प्राइवेट लोग इसमें घुस आएं हैं, उन पर रोक लग सके । निरीक्षण कमेटी जब किसी महाविद्यालय में आती है तो यह लोग उधार का मांगा हुआ फर्नीचर ले आएंगें, आधूरा सा भवन इधर उधर से ठीक कर लेगें, सक कुछ अच्छी तरह से

कमेटी को दिखाकर रिकॉगनिशन ले लेते हैं और उनके महाविद्यालय का एफिलिएशन हो जाता है , लेकिन जैसे ही कमेटी का निरीक्षण हो जाता है , इन सारी सुविधाओं को हटा लिया जाता है और वहां छात्रों को बड़े ही प्रतिकूल वातावरण में पढ़ना पड़ता है । इसलिए मैं यह कहूंगी कि आपने यह जो कड़ा कदम उठाया है , यह बहुत सही है और इसके आधार पर काम होना चाहिए ।

महोदय, नए महाविद्यालय खोलने के साथ साथ आपको अन्य बहुत सी बातों की ओर भी ध्यान देना होगा । एक तो एजुकेशन में यूनिफामिटी हो, दूसरी बात यह कि छात्रों को किताबों का ज्ञान होना भी बहुत जरूरी है , इसके लिए वहां की लाइब्रेरी में हर भाषा मे, हर क्षेत्रीय भाषा में किताबें होनी चाहिए , जिनका विस्तृत रूप से प्रचार हो ताकि छात्र उसका फायदा उठा सके । जंगलों में आयुर्वेद से संबंधित जो हमारी जड़ी-बूटियां है, जो भेषज संपदा बिखरी पड़ी है, उसकी रक्षा के लिए भी आपको कड़े कदम उठानें होगे क्योंकि हम देखेते हैं कि विदेशों से लोग यहां आकर, अमेरिका सेलोग यहां आकर हमारी भेषज संपदा को पेटेंट करा लेते है कभी हल्दी का पेटंट हो जाता है कभी नीम का पेटंट हो जाता है इससे बचने के लिए आपको अपनी अपनी भेषज संपदा की सूची बनाकर उसकी रक्षा के लिए कड़े कदम उठाने पड़ेगें । हमारे जो संसाधन है इनका सही उपयोग करना पड़ेगा क्योंकि हमारी आबादी बहुत बढ़ रहा है हमारे पास संसाधन बहुत कम हैं और अगर हमें आयुर्वेद और यूनानी पद्धति का सहारा लेना है तो हमको इस ओर ज्यादा ध्यान देना ही पड़ेगा ।

महोदय, एक ओर बात कहना चाहूंगी कि कभी कभी महाविद्यालयों को सर्शत मान्यता दे दी जाती है , जिससे महाविद्यालय खुल जाते हैं, उनमें डोनेशन लेकर छात्रों को भरती कर लिया जाता है और बाद में पता लगता है कि एफिलिएशन खत्म हो गई , तो इससे वहां जो छात्र पढ़ रहे होते हैं उनके भविष्य के साथ खिलवाड़ हो जाता है ।

उपसभाध्यक्ष (श्री रमा शंकर कौशिक) : कृपया आप समाप्त कर अपना आसन ग्रहण करें।

श्रीमती सरोज दुबे : सर, मैं खत्म कर रही हूं । मेरा आपके माध्यम से यही अनुरोध है कि नए महाविद्यालय आप जरूर खोलें, नार्थ इंडिया ने भी खोलें, इंडिया मे भी खोलें , पूरे भारतवर्ष में खोलें, लेकिन सरकार की निगाह उस पर जरूर रहनी चाहीए ताकि वह महाविद्यालय सबस्टैंडर्ड न बन सकें, पूरी बुनियादी सुविधा के साथ वह महाविद्यालय चलें ताकि वहां शिक्षा प्राप्त करने वाले छात्रों को उचित चिकित्सा शिक्षा मिल सके और उन छात्रों को सही ढंग से डिग्री-डिप्लोमा मिलें।

महोदय, आप देखेगें कि आज पूरे विश्व मे आयुर्वेद प्रचलित हो रहा है , लेकिन मुझे डर है कि कहीं हमारे ही देश में यह धराशायी न हो जाए क्योंकि हमारे यहां यह इतनी उपेक्षा के साथ पड़ा हुआ है कि इसकी तरफ किसी का ध्यान नहीं जा रहा है । आप यह जो संशोधन लाए हैं, यह बहुत ही उपयोगी है, लेकिन इसकी कमियों को दूर करके आपको इसको सही मायनों में बड़ी कड़ाई के साथ लागू करना होगा .ताकि पाठयक्रम ठीक रहे और इन महाविद्यालयों से जो छात्र आयुर्वेद या यूनानी सिस्टम की शिक्षा प्राप्त करके बाहर निकलें तो वह जनता के लिए उपयोगी साबित हों। अंत में, मैं यही कहूंगी कि आप आगे भी इसमें संशोधन लाकर इसको और अधिक विनियमित करने का प्रयास करें । इन्हीं शब्दों के साथ मैं इस बिल का समर्थन करती हूं । धन्यवाद

3.00 P.M.

SHRIMATI VANGA GEETHA (Andhra Pradesh): Mr. Vice-Chairman, Sir, I thank you for giving me this opportunity to speak. Sir, I support the Indian Medicine Central Council (Amendment) Bill, 2002. The people are still having faith and confidence in the Indian systems of medicine, like Ayurveda, Homoeopathy, Unani and Siddha. The medicines are not only cheap, but are within the reach of the common man also. The people believe that they can get a permanent cure with the Indian medicines, without having any side effects. These days, every patient is turning from English medicines to Indian medicines. In the Statement of Objects and Reasons, it is mentioned:

> "There are instances when colleges being permitted in the first year were denied permission in subsequent years. The procedure adopted for increasing and decreasing the seats has also been far from satisfactory. Seats are increased or decreased without proper evaluation. The Central Government is not in a position to take corrective steps as it has neither the power to intervene nor it can give any direction to the Central Council."

Sir, since the Central Council has failed to live up to the expectations of the Government of India, this legislation is being enacted to empower the Government of India to intervene for improving the standard of Indian medical colleges and institutions.

Sir, I have to make two or three suggestions in this regard. The power to sanction new colleges and courses should vest with the Central Council, and the Central Council should ensure the quality of education and the minimum standards of medical colleges.

SHRI MANOJ BHATTACHARYA (West Bengal): Sir, I rise to support the Indian Medicine Central Council (Amendment) Bill, 2002. While going through the Statement of Objects and Reasons, it is quite evident that'the hon. Health Minister, Shri Shatrughan Sinha, has realised that it is the excessive, indiscriminate, privatisation of educational institutes, that has caused a catastrophic situation, insofar as the development of Ayurvedic, Unani and Siddha systems is concerned.

Sir, I express my deep concern that the traditional system of medicine of our country could not develop to the extent it was desired, primarily because of the international or western commercial interests; and that has only propagated the use of allopathic medicines-what is termed as

English medicines by many. It is brute commercialisation by the very big multinational corporations, which not only manufacture drugs or medicines, but also tutor the educational institutions, as well as sponsor the books even on pharmacology or on the use of medicines, that has led to the underdevelopment of the traditional systems of medicine of our country, i.e. Ayurveda, Unani and Siddha. Unless we prevent this brute money from playing a role in the educational system, in whatever manner it is possible, we won't be able to achieve whatever is desired through this Bill. Unfortunately--the hon. Health Minister knows this-who are going to study the Ayurvedic system even today? What is the ground reality? The ground reality is, the students who do not qualify for allopathic system, who do not qualify for homoeopathic system, go in for Ayurvedic or Unani or Siddha system of medicine. That is the reality. This is number one.

Number two; whoever are getting admission in these institutions get it because these institutions are mostly private institutions. And privatisation is the slogan of the Government ! Everything is going to be privatised, including the health system I Since it is privatised, only the concept of sale or profit works. In fact, it is the sense of super-profit which is the predominant factor in determining everything, and while achieving the super-profit, they do not bother about compromising on anything. As is evident in any business in this country or in the Western countries, the private business is full of corruption, and there is no concern for the nation as a whole, no concern for the poor people of the nation. These Ayurvedic, Unani and Siddha medicines are meant for the common people, the poor people, who don't have any access to the modern allopathic medicines or whom the allopathic medicines do not reach. This has to be borne in mind while" amending this Act. Mere amendments will not help in any way, unless the Government has the political will. Unless the Government has the political will-I emphasize the words "political will"— you cannot really mitigate the problems of the people, cure the diseases of the people. Shrimati Saroj Dubey said, "prevention is better than cure". In our country, unfortunately, neither are we chasing preventive medicines nor are we chasing curative medicines. We are in an absolutely jumbled situation; we are in utter confusion. We have not focussed our attention on our disease pattern; what are the diseases the people, particularly, the poor people, in our country are suffering from, and where we should attend. I am sorry to say, as a citizen of the country, I am ashamed-all may not be ashamed-to learn that, according to the recently published Human Development Report, our position has fallen further, from 113 to 124. Out of

173 countries in the world, following globalisation and other high-sounding words like disinvestment, etc.,-Mr. Arun Shourie is sitting here-the situation is that, we have fallen further, from 113 to 124. Health is a very important index in determining the position of the country, and, here, we have come down to 124. I would-like to'sabmit, most respectfully, that this Bill will be self-defeating, unless the taovernment really.resolves that it would attend to the needs of the people. Weirave to find out the pattern of the diseases, the regional variation of .those diseases, and the diseases that we are going to cure' by using ayurvedic medicines. Some hon. Member referred to certain diseases like migraine, arthritis, gout, psoriasis, etc. These diseases cannot be cured by allopathic medicines. If at all we are determined that these are the diseases that we are going to cure by ayurvedic medicines, we should also go in for their regional variations. We have to find out who are these people who are suffering from migraine, arthritis, gout, psoriasis, etc., and where do'they live. Ayurvedic medical institutions, Unani medical institutions and Siddha medical institutions, should be established accordingly. This cannpt be done by private enterprises. The Government must take care of it. The Government must take the lead. If we want to improve our position in the international arena, if we want to enhance the prestige of our country, we have to concentrate on it. This is a major basic index which we should address seriously, j I am sure, unless the Government makes a political resolve and allocates more funds for health, unless health becomes a democratic right of the people, these things cannot be simply addressed. Unless the Government has the political will, however stringent the provisions may be, these things will not be implemented. There will be no solution to the problems that are being faced following the original Bill of 1970. This is a very serious point.

Another serious point which I would like to make is with regard to clause 13B. The hon. Minister may kindly take note of it. It says, "Where any medical institution is established without the previous permission of the Central Government in accordance with the provisions of section 13A, medical qualification granted to any student df such medical institution shall not be deemed to be a recognised medical qualification for the purposes.of this Act". What will happen to those students, whose parents have spent so 'much of money? In certain localities like Kisfianganj and Katihar, in Bihar, the allopathic colleges are charging Rs.30 lakhs, simply for admission. This may not be possible for Ayurvedic medical colleges. But they must be charging, at least, Rs.1 lakh. I know, many poor parents want their sons or daughters to become doctors, an Ayurvedic doctor or a GAMS or a BHMS,

so that they can earn some money and they can earn their livelihood. These people have mortgaged their entire property and spent their entire savings.

उपसभाध्यक्ष (श्री रमा शंकर कौशिक) : अब कृपया समाप्त करें।

SHRI MANOJ BHATTACHARYA: Sir, I am going to finish. This is very important. You kindly allow me one more minute. These students are going to be disqualified for no faults of theirs. For the fault of the private investors, who have established the colleges, without following the guidelines of the Government, why should the students suffer? Wherefrom would they get those five years which they have lost? Wherefrom would they get back those lakhs of rupees which their poor parents could somehow manage? These things have to be looked into. We shall have to consider this Bill in totality. I do not believe that the Government would take a holistic view in this matter, but still I appeal the Government to adopt a holistic approach and resolve this matter seriously. Thank you.

SHRI K. RAHMAN KHAN (Karnataka): Sir, I welcome this amendment Bill. I would like to know whether the Government and the bureaucracy are really interested in promoting the Indian Systems of Medicine. Just now my friend from Tamil Nadu was saying that a few years back it was decided that a National Institute of Siddha Medicine would be established at Chennai. But it has not been established so far. Similarly, the foundation stone for a National Institute of Unani Medicine was laid in Bangalore 20 years back, i.e. in 1980-81. It was a project of Rs. 50 crores. Sir, so far, only a small building has been constructed. There is no college. There is no institute. There is no research activity. The Government of Karnataka has given the land and other infrastructure facilities. But still the Institute has not seen the light of the day. Such institutions are very essential. Unfortunately, the Government's entire emphasis is on allopathy. A cross-section of the House has said that today allopathic medicines are prohibitive an<9 are not within the reach of the common man. The Indian medicines are in great demand. Take the case of pharmaceutical companies which are marketing Indian medicines. They are minting money. There is the Himalaya Drugs. There are various other such companies. The Indian medicines are used all over the world. But the Government is not interested in promoting the Indian medicines. Yes; it is a good Bill. But, you have to have such institutions. You have to have educational institutions. You have to create faculties. There is no faculty available. You have to set up R&D institutes for Ayurveda, Unani, Siddha and Homoeopathy.

Compare these institutions with other institutes of national fame, like the All-India Institutes of Medical Sciences, the NIMHANS and various other institutions. All the money is pumped there. We are not saying, "Don't encourage these institutions". But you should allocate sufficient funds for these institutions also. What is the use of having the National Institute of Unani Medicine only on paper? You have not been able to established it so far. How do you expect the Unani Systems of Medicines to come up? How do you expect the Siddha Systems of Medicine to come up? Naturally, sub-standard colleges would definitely come up. Whatever Bill you bring, whatever penalties you impose, sub-standard colleges will be there because the Government is not starting such institutions. None of these institutions is functioning properly. The private sector is starting these institutions. They will not take interest in it even if you impose so many conditions. If there is no faculty, if there are no textbooks, if there are no infrastructure facilities, they would start colleges for name sake. They would start colleges only on paper and would exploit the students. First of all, I request the Government to allocate sufficient funds for the Indian Systems of Medicine. We have to promote the Indian medicines. We should take pride in marketing the Indian medicines all *over* the world. But we are not interested in doing it. So, while I welcome this Bill, I am sure, the hon. Minister will allocate sufficient funds so that the incomplete work of these institutions would be completed, and these institutions would start functioning. I would like the hon. Minister to say why the institutions take 20 years to come to function in full swing; and, in certain cases, even after 20 years, the institutions are not functioning. You are wasting the Government money. You are fooling the people; of course, I am not speaking of this Government alone. Be it this Government or the previous Governments, the bureaucracy, particularly, is not interested. The Government might have a genuine interest towards Indian medicines. But how does the Government address itself to this issue? There is no interest amongst the bureaucracy to complete this project. There is an escalation in cost. Why don't you hold them accountable?

With these few remarks, Sir, I welcome this Bill and I hope that this Bill would promote the Indian systems of medicine to a great extent.

SHRI H.K. JAVARE GOWDA (Karnataka): Sir, I thank you for giving me this opportunity to speak on this Bill. I welcome the Indian Medicine Central Council (Amendment) Bill, 2002. It is clearly stated in the Statement of Objects and Reasons as to why this Bill has been brought in. Twenty years back, many Allopathic colleges were started all *over* the country, and

there was a mad rush amongst people to establish such colleges. But, after the development of Ayurveda, Unani and Siddha, the private institutions started opening Ayurveda colleges as well. But the question is whether they are coming forward in this direction with an object of promoting the Indian systems of medicine and teaching students in the field of Indian medicines, or, whether their sole object is to earn immediate money by opening colleges, without any infrastructure, accommodation, teaching staff and other facilities. Their only aim is to get sanction from the Government, open the college and collect donation. By whichever means it may be, they want immediate money from the students. That is their motive. To contain such bogus institutions and to regulate Ayurveda, Unani and Siddha systems, this Bill has been brought in and I welcome it.

Sir, as regards the Bill, even after inserting clauses 13 (a) and (b), I would like to state that the Government has not applied its mind effectively to contain the bogus institutions that are coming up, the basic consideration being the regulation and maintenance of these institutions. In clause 13 (b), it has been stated that those want to establish an institution must file an application in a proper form to the Central Government, and the Central Government will pass it on to the Council. Then, after its verification, if the Council gives its consent, then, that institution can be established. And, there is also a condition put regarding availability of infrastructure facilities, accommodation, teaching staff, library, hospital, etc. Now, I find a major lapse in another provision and this I had pointed out even while the Minister presented another Bill in the House. Now, you prescribe all the procedures. But you are not the man sitting at the table. You are giving powers to the bureaucracy. If, somehow or the other, the managers of these institutions manage to get it delayed by one year, then, automatically, the consent would be deemed to have been given at the end of the year and they will be able to open the institutions. Is it not your objective? Have you fixed the responsibility on any officer? No. So, you have to reconsider the new clause 13A, sub-clause (6). Otherwise, in the normal course, those associations or institutions will automatically get the sanction after one year, without any infrastructure, without any basic amenities, without sufficient teaching staff, without a hospital and so on. They will get the license to open the institution. In that case, what type of education do you expect them to give?

The second aspect is about clause 13B, which relates to non-recognition of medical qualification in certain cases. It. says, "Where any

medical institution is established without the previous permission of the Central Government in accordance with the provisions of section 13A, medical qualification granted to any student of such medical institution shall not be deemed to be a recognised medical qualification for the purposes of this Act". Instead of this, you should have inserted a proviso *or* a penal provision, saying that those persons who were going to establish any medical institution without the permission of the Central Government, would be put behind bars; and there would be imprisonment for six or seven years. If that was done, only then the objectives would be fulfilled. Otherwise, you are going to penalise the poor student who comes forward to pursue his studies, believing what that institution or management says, and you are allowing these people to go scot-free. It is not the ordinary people who open such institutions. Only those who have sufficient money, come forward to establish such institutions, and you are allowing them to go scot-free, with the money, and without any liability. In view of this, we do need a proviso and a penal provision here.

There is another provision which is very astonishing. In clause 13B(2), it is stated, "Where any medical institution opens a new or higher course of study or training including a post-graduate course of study or training without the previous permission of the Central Government in accordance with the provisions of section 13A, medical qualification granted to any student of such institution on the basis of such study or training shall not be deemed to be a recognised medical qualification for the purposes of this Act". Again, here, you should have inserted a penal clause.

Then, the last one, clause 13B(3), is very dangerous. It needs immediate intervention by the law-makers. It says, "Where any medical institution increases its admission capacity in any course of study or training without the previous permission of the Central Government in accordance with the provisions of section 13A, medical qualification granted to any student of such medical institution on the basis of the increase in its admission capacity shall not be deemed to be a recognised medical qualification for the purposes of this Act". Mr. Minister, I would like to draw your attention to this. Suppose you fix a quota of 100 seats per year for a particular institution. They take Rs. 10-15 lakhs per seat. There is a rush of students and the poor students do not know what the total capacity of that institution is. The management does not disclose how many seats had already been filled. Suppose they take 25 students more. What will happen is that, according to this provision, the medical degrees given to the last 25 students will not be recognised. Whose fault will it be? In such a case,

there should be a provision that the day those 100 seats are filled, the management should notify it on the notice board, giving the details of all the 100 seats, including the names of students, and so on. Otherwise, I feel there would be some sort of encouragement for these people because of the Act itself, because you are putting the burden on the student and not on the management. The student who has paid the donation, who has studied for three or four years, would have to suffer without a degree for his whole life. This is the flaw in the Act. I would request the hon. Minister to insert a clause here, shifting the burden on the institution or the management that is involved in opening the institution, that they should not admit more number of students that what is allotted to them.

With these words, I welcome this Bill.

उपसभाध्यक्ष (**श्री रमा शंकर कौशिक**) माननीय मूल चन्द मीणा जी, आप दो मिनट में क्या कहना चाहते हैं ।

श्री मूल चन्द मीणा (राजस्थान) : उपसभाध्यक्ष महोदय, मंत्री जी दि इंडियन मेडिसन सेंट्रल काउंसिल बिल 2002 लाए हैं , मैं इसका स्वागत करता हूं और समर्थन करता हूं । भारतीय चिकित्सा केन्द्रीय परिषद अधिनियम 1970 भारतीय चिकित्सा केन्द्रीय परिषद के गठन के लिए बनाया गया था। उस विधेयक के उद्धेश्य इस परिषद के माध्यम से पूरे नहीं हुए इसलिए इसमें .संशोधन करके इसको सुदृढ़ बनाने के लिए यह बिल पेश किया गया है । हो मद रहा है कि आयुर्वेद की जो काउंसिल है या यूनानी काउंसिल है , इसकी कार्यवकारिणी में जो लोग हैं , इसकी परिषद में जो लोग हैं, वे ही कॉलेजों का निरीक्षण करते हैं । एक समान परिस्थिति होते हुए भी किसी कॉलेज में वे सींटे बढ़ा देते हैं, किसी में घटा देते हैं । समझ मे नहीं आता है कि वे क्या दस-दस पंद्रह पंद्रह साल तक वही चलता रहता है । चुनाव पांच साल के लिए होते हैं लेकिन वे चुनाव सारी स्टेट्स में एक साथ नहीं होतें हैं । और नॉमिनेटेड मैम्बर्स कौन होते हैं? जो पर मानेंटली नॉमिनेटेड होते चले जाते हैं , जिनका चिकित्सा से कोई संबंध नहीं रहा हो, केवल डिग्री प्राप्त कर ली, जो चिकित्सा करते नहीं हैं ।उस परिषद के वे सदस्य बने हैं और दस-दस बीस-बीस साल से परमानेंट मैम्बर बने हुए हैं । इस काउंसिल में चुने हुए मैम्बर और नॉमिनेटड मैम्बर में कोई अंतर नहीं है , जबकि नॉमिनेटेड मैंम्बर का अधिक महत्व होता है । इसलिए कहीं कुछ तो आधार होना चाहिए। आज जो पाठयक्रम दिया जाता है , उसके अनुसार कोई कॉलेज नहीं चल रहा है । ज्यादातर प्राइवेट कॉलेज हैं । उनके एडीमीशन का तरीका भी अलग होता है। इसलिए यह आवश्यक है और इस बिल को लाना बहुत जरूरी है ताकि एकरूपता आ सके और पाठयक्रम का सदप्रयोग सुचारू रूप से हो सके, उसकोएकबद्ध किया जा सके ।

लोकहित के महत्व को ध्यान में रखकर यह समझा गया है कि चिकित्सा प्रणाली में नए महाविद्यालय खोलने के लिए, विनिहित करने के लिए अध्ययन के नए उच्चतर पाठयक्रम को प्रारंभ करने के लिए, उनके प्रवेश की क्षमता मे वृद्धि करने के लिए

केन्द्रीय सरकार को सशक्त किया जाए ।

ऐसा इस बिल में कहा है, यह अच्छी बात है। महोदय, सबसे ज्यादा प्राइवेट कॉलेज महाराष्ट्र में हैं। और किस तरह का अध्ययन उन कॉलजों में हो रहा है, किस तरह की व्यवस्था वहां पर है? उनके निरिक्षण का ढंग अलग होता है । इस काउंसिल के मैम्बरों को निरीक्षण के लिए भेजा जाता है जबकि उन पर रोक है, उन्हें नहीं जाना चाहिए लेकिन काउंसिल के लोग ही उसका निरीक्षण करते हैं । रिपोर्ट भी देते हैं अपने तरीके से। एक दिन तो यह रिपोर्ट देते हैं कि इस कॉलेज में संस्खा नहीं बढ़ाई जाए और दूसरे दिन कुछ भ्रष्टाचार करके यह रिपोर्ट दे देते हैं कि हां, बढ़ा दी जाए। क्या तमाशा है ? इसलिए माननीय मंत्री महोदय, आप इस भारतीय चिकित्सा पद्धति, जो सारी चिकित्सा पद्धतियों की जननी है, इसको मजबूत करने के लिए, इसमें एकरूपता लाने के लिए हर स्टेट में महाविद्यालय खोलें और कालिजों के पाठक्रम में एक रूपता लाने के लिए कुछ व्यवस्था करें। सबसे पहले आप इस काउंसिल को ठीक करें क्योंकि काउंसिल में कुछ लोग अपना जुगाड़-पानी रखते हैं। मिनिस्टरों और नेताओं के पीछे घूमते रहते हैं और काउंसिल में हमेशा मैम्बर बनते हैं। ऐसे कितने लोग हैं ? आप यह बताने का कष्ट करें । जो बीस-बीस साल से इस काउंसिल के मैम्बर बने हुए हैं और जो नॉमिनेटेड किए हुए हैं आपने उनको तो निकालें यहां से । ... (**व्यवधान**) ...

प्रो रामबख्श सिंह वर्मा (उत्तर प्रदेश) : आपकी सरकार थी तब भी नॉमिनेट किए हुए थे ।

श्री मूल चन्द मीणा (उत्तर प्रदेश) : हां, उस समय भी थे, आपकी सरकार आई तब भी नॉमिनेट किए गए। हमारी सरकार में नॉमिनेट हुए वे लोग और आपकी सरकार ने भी उन्हीं को नॉमिनेट कर दिया क्योंकि वे जुगाड़ पानी रखते हैं दिल्ली में। उनका आयुर्वेद से कोई संबंध नहीं है । उसके सुधार, उसके पाठयक्रम को ठीक करने के लिए, आयुर्वेद के इलाज को महत्व देने के लिए उनके पास कोई काम नहीं है। इसलिए मैं यह चाहूंगा कि आप पहले इस काउंसिल को ठीक करें जिससे सारा ढांचा जो आयुर्वेद का बिगड़ा हुआ है , वह ठीक हो सके। हिंदुस्तान के पौराणिक समय से जो पद्धति चली आ रही थी, वइ इनके भरोसे समाप्त होने जा रही है, आप उसको फिर से जिंदा करें और महव दें। आज ऐलोपथी की ओर हम जो जा रहे हैं और उसे रोकने की ऐक ही पद्धति है जो आयुर्वेद पद्धति है । आज लोगों का विश्वास आयुर्वेद के प्रति नहीं है इसलिए इस विश्वास को कायम करने के लिए और लोगों का ज्यादा विश्वास बढ़ाने के लिए आयुर्वेद पद्धति को सुदृढ़ करें, मजबूत करें, यही मैं कहना चाहता हूं ।

श्रीमती जमना देवी बारूपाल (राजस्थान) : महोदय, मैं इसका समर्थन करते हुए यह कहना चाहती हूं कि जो प्राइवेट संस्थाएं हैं चिकित्सा के क्षेत्र में .....

उपसभाध्यक्ष (**श्री रमा शंकर कौशिक**) : माननीय मंत्री जी। ... (**व्यवधान**) ... आप बैठिए, नहीं, नहीं ... (**व्यवधान**) ...

श्रीमती जमना देवी बारूपाल : वे तीस-तीस लाख डोनेशन मांगती है। एससी, एसटी का बच्चा तीस लाख रूपए देकर, चिकित्सा सुविधा प्राप्त नहीं कर सकेगा। मूल चन्द जी जिस विषय पर बोले हैं, मैं इसका समर्थन करती हैं लेकिन इसमें यह बात भी जोड़ी जाए ।

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): Sir, when I moved this Bill, last Friday, our late Vice-President and the hon. Chairman of this House, Shri Krishan Kant, was in the Chair. He heard me on that day, when I moved the Bill. and then, some of the Members had spoken on that day. Then he adjourned the House for lunch. I recall that today. And I express my condolences on his sad demise. His role as a Parliamentarian, and, above all, as a statesman, will inspire us. the people of younger generation.

Sir, I thank the Members who have spoken on this Bill. Some common points were made by hon. Members, including on our own system, the Indian system of healthcare delivery, and the Budgetary support being given to it. Sir, no doubt, as hon. Member, Shri Viduthalai Virumbi, has put it, together with' the private sector, our country is spending only 5.2% of the GDP, whereas the developed countries are spending between 10% and 12%; and some countries are even spending 15%. Out of this 5.2% of the GDP, honestly, I can share with the hon. Members, about only one per cent is spent from the Government side.

Sir, Shri Rahman Khan and others had expressed their deep concern over the Budgetary support, and the spending mode of the Government towards health care, including on the Indian systems of medicine. Sir, because of the financial constraint, not only in the health sector, but in all other Ministries we are facing difficulties. At the same time, we are trying to give safe and efficacious medicines, and good standard of medical education throughout the country.

Sir, the intention of this legislation is--it is needless to submit before the House--to bring about parity with the allopathic system. We are having the Indian Medical Council Act for the allopathic system, whether it is MBBS or MD or any other course. The other day, some of the hon. Members said that whenever a law is legislated in the House, it did not seem to be foolproof. We enacted the Dowry (Prohibition) Act; that doesn't mean that dowry deaths have been stopped. We have enacted the PCR Act; it doesn't mean that untouchability has gone out of this country.

Similarly, if at all some deficiencies are there, the intention of the Government in bringing in this piece of legislation is to plug the loopholes that are in the existing law. Sir, it is nothing but a law which gives a full picture, which gives parity with the allopathic system of medical education, with symmetrical and identical provisions.

Sir, when we talk of the background of the Indian systems of medicine, it is not that it is available only in Tamil Nadu. Someone was saying that Siddha could be considered as prevalent only in Tamil Nadu. Some people may say that ayurveda belongs only to Gujarat or Kerala. The global system is like this. It is not India only but many other countries including UK, USA, Austria, Australia, and other countries are turning to their own traditional system of medicine. I can share a few words with the House in this regard. Sir, according to a report prepared by Mc Alpine Thorpe and Warrier Limited, the global herbal market is estimated to be worth of Rs.51,000 crores. Out of this, the Indian export is only worth Rs.480 crores which is 0.5 per cent of the total export market while the share of China's exports is 35.3 per cent of the total market. Coming to the people's modus operandi of those who are turning to traditional system of medicine when it is compared to India, people abroad are quickly and rapidly changing their attitude and lifestyle towards the traditional system of medicine. In Australia 48 per cent of the people have turned to their own system of medicine than to the allopathic system. They say their traditional system of medicine is preventive in nature whereas the allopathic system is curative in nature. In USA this percentage is 42 per cent and in France- this percentage is almost 75 per cent. In UK this is 90 per cent. This percentage of population has used this traditional system of medicine system at least, once. So, the global scenario has changed. As far as seminars are concerned, India is continuously interacting with other countries. There have been many seminars and fairs in this regard. Many MoUs have been signed between India and other countries. A delegation from India visited Russia to sign an MoU in Ayurveda and Unani. A delegation also visited Malaysia to know the usage of their traditional system of medicines. In turn, Malaysia has expressed its willingness to take the Indian systems of medicine including Ayurveda. I led a delegation to South Africa. They are looking at our system of medicine and our process of marketing. They are ready to adopt a reciprocal attitude towards India. A delegation from India went to UK, South Africa and Moscow. The global scenario has changed in such a manner that not only the allopathic system of medicine but the Indian systems of medicine also are spreading all over the world. They want our traditional system. This global spenario is not only in tbe field of herbal products for treatment but this scepario is there in the case of other medicines, capsules, etc. There-is a homogenous and global scene. Sir, after' having seen and known this global scenario, our intention is that there should be a uniform and homogenous system of

education. There should not be ANY disparities among the States. Suppose, one State gives permission to start a college for a three-year degree course in Ayurveda, and some other State, say, Kerala, gives the same degree in two years, then, that aspect can be governed. There is a symmetrical and identical system as it is in the case of allopathic system. That is why we have made this provision in this piece of legislation. I can say to that extent in this regard. Now, I would like to pinpoint some of the allegations that have been made by one of the hon. Members. I think he is a learned lawyer. He said that clause 13 (a) says that if the Government is keeping mum for one year after getting the proposal from a particular institution, it should be deemed as recognised. The letter and spirit of the law says - if he ^ees the parent Act and not the amending Bill, that all the formalities have been fulfilled -- as contemplated by law, which means, all the formalities enumerated in the parent Act have been duly complied with by the college and then application comes for revision to the Ministry or the Council. I can share with the hon. Members that the Indian Medical Council is in a mess. Its Chairman has been removed by the court and an administrator has been appointed by the court itself. There is a gulf between the Executive Members and the Chairman. Because of this gulf, the Council is not doing well. I can tell the hon. House that because of this many colleges are being prevented from getting recognition. So, in such circumstances, a college should not be deprived of any approval. It is because of that this clause has been incorporated. There is no other reason behind in incorporating this clause. If the proposal is in order, definitely the Council will give its approval. Suppose, there is any default on the part of the Government, or, if there is any default on the part of the Council due to internal differences, the institution, which has submitted its application for opening of a college, should not be deprived of getting approval. It is with this intention that this clause has been incorporated to regulate the speedy disposal of applications. It is not a weapon against the colleges, but it is aimed at encouraging colleges to start the academic year at appropriate time with their syllabus and curriculum.

With regard to the point raised by Shri Viduthalai Virumbi and Smt. Indira about the National Institute of Siddha, I would like to submit that all other systems of medicine are having their own national institutes. In the same way, Siddha is also having its own institute. As Mr. Virumbi has rightly mentioned, when Dr. M. Karunanidhi was the Chief Minister of Tamil Nadu, he was kind enough to allot a piece of land, free of cost, for this purpose. Last year, the Central Government had sanctioned, in principle, an

amount of Rs. 47 crores for the National Institute of Siddha. I am confident that within two years the construction would be over. The construction has been entrusted to a public sector undertaking. I hope that within two to three years, it would be completed and by that time the institute will become operational.

If there is any apprehension in the minds of the hon. Members pertaining to their own State or any individual case, it would be my endeavour to clarify the same.

With these words, I conclude my speech.

So, Mr. Vice-Chairman, Sir, t request the House, once again, to pass this legislation. Thank you.

उपसभाध्यक्ष (**श्री रमा शंकर कौशिक**) **:** अब मैं प्रस्ताव उपस्थित कर रहा हूं । प्रस्ताव यह है ।

"भारतीय चिकित्सा केन्द्रीय परिषद अधिनियम" , 1970 का और संशोधन करने वाले विधेयक पर विचार किया जाए ।

प्रस्ताव स्वीकृत हुआ ।

उपसभाध्यक्ष (**श्री रमा शंकर कौशिक**) : अब हम धारावार विचार करेगें।

धारा 2 **और** 3 **विधेयक का अंग बनीं ।**

धारा 1, **अधिनियम सूत्र और शीर्षक विधेयक के अंग बने ।**

SHRI A. RAJA; Sir, I move:

"That the Bill be passed."

प्रस्ताव पर मत लिया गया और वह पारित हुआ ।

THE PETROLEUM (BERAR EXTENSION) REPEAL BILL, 2002.

पेट्रोलियम और प्राकृतिक गैस मंत्रालय में राज्य मंत्री (**श्री संतोष कुमार गंगवार**): मैं प्रस्ताव करता हूं **:**

कि पेट्रोलियम (बरार में विस्तार) अधिनियम 1937 का निरसन करने वाले विधेयक पर विचार किया जाए

मान्यवर, पेट्रोलियम अधिनियम, 1934 का जब अधिनियम किया गया था तब बरार प्रांत को लागू नहीं था, किंतु बाद में बरार प्रांत में विस्तार अधिनियम ,1937 में लाकर बरार को लागू किया गया था । पेट्रोलियम अधिनियम, 1934 का 1950 में संशोधन और उसका संम्पूर्ण भारत पर विस्तार करने का उपलंध करने के लिए किया था । उक्त संशोधन के पश्चात् पेट्रोलियम (बरार में विस्तार) अधिनियम, 1937 अनावश्यक हो गया । मान्यवर, यह एक रिपील